## WATER WELL REPORT

STATE OF WASHINGTON

Application	No.	
Permit No.		

(1) OWNER: Name Goodson water System	Address
Bearing and distance from section or subdivision corner	
	(40) THEFT T.O.C.
(3) PROPOSED USE: Domestic   Industrial   Municipal	(10) WELL LOG:
Irrigation   Test Well   Other	Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.
(4) TYPE OF WORK: Owner's number of well (if more than one)	MATERIAL FROM TO
New well Method: Dug Bored	HArdon 0 40
Deepened ☐ Cable ☐ Driven ☐ Reconditioned ☐ Rotary ☐ Jetted ☐	Boulders 40 42
	Hardpan 42/25
(5) DIMENSIONS:  Diameter of well inches.  Depth of completed well ft.	Clayey sand 125 147
**************************************	med. sand + water 147 185
(6) CONSTRUCTION DETAILS:	
Casing installed: "Diam. from ft. to ft.	
Threaded	
Perforations: Yes No No	
Type of perforator used in. by in.	
perforations from ft. to ft.	
perforations from ft. to ft	
Screens: Yes   No	
Manufacturer's Name	
Diam. Slot size from from ft. to ft.	
Diam. Slot size from ft. to ft.	
Gravel packed: Yes No No Size of gravel:	
Gravel placed from ft. to ft.	
Surface seal: Yes No To what depth? ft.	
Material used in seal Mud	
Did any strata contain unusable water? Yes No Type of water? Depth of strata	
Method of sealing strata off	
(7) PIIMP	
(7) PUMP: Manufacturer's Name	
(8) WATER LEVELS: Land-surface elevation above mean sea level ft. Static level ft. below top of well Date 1979	
Static levelft. below top of well DateArtesian pressurelbs. per square inch Date	
Artesian water is controlled by(Cap, valve, etc.)	
(9) WELL TESTS: Drawdown is amount water level is lowered below static level	Work started 10 (5 , 19 79 Completed 10 30 , 19 79
Was a pump test made? Yes ☐ No ☐ If yes, by whom?	WELL DRILLER'S STATEMENT:
Yield: gal./min. with ft. drawdown after hrs.	***
n n n	This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Recovery data (time taken as zero when pump turned off) (water level	
measured from well top to water level)  Time Water Level   Time Water Level   Time Water Level	NAME Countel Well Willing
	(Person, firm, or corporation) (Type or print)
	Address
10/30/79	
Date of test	[Signed](Well Driller)
Artesian flow g.p.m. Date 10/30/79	(well Dillier)
Temperature of water Was a chemical analysis made? Yes ☐ No ☐	License No

(USE ADDITIONAL SHEETS IF NECESSARY)

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